MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93a)

CERTIFICATE OF DEATH

05371

Reg. Dist. No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 124 South Patton Road
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Indian Head Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 124 South Patton Road.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Mooma Burroughs

3. (b) Social Security Number:

4. Sex: F
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Dabney Burroughs
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Feb. 24. 1874.
8. AGE: Years: 66 Months: 2 Days: 26 If less than one day: hrs. min.
9. Birthplace: Charles County.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own Home
FATHER 12. Name: Charles H. Posey
13. Birthplace: Alexandria, Va.
MOTHER 14. Maiden name: Susan Julia Posey
15. Birthplace: Charles County, Md.
16. Informant: Mrs. S. B. Townes (Daughter)
Address: Indian Head. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 24. 1940 (month) (day) (year)
Cemetery or crematory: St. Charles Catholic Cemetery
Location: Indian Head. Md.
18. Funeral director: Hunt & Ryan
Address: Waldorf. Md.
19. May 22 19 40 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 21 19 40, at 3A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13 19 40, to May 21 19 40, and that I last saw her alive on May 21 19 40

	DURATION
Immediate cause of death: Acute myocarditis	5-21-40
Due to: Cholecystitis, acute with complicating Toxemia due	1 week
Due to: to above & from	
Other conditions: Cellulitis right arm recurring & result of operation for suspected carcinoma of breast (not verified) (Include pregnancy within 3 months of death)	1914

Major findings:
Of operations: None performed
Of autopsy: None performed.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of:
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Frank G. Susen
Address: Indian Head. Md M. D. or other
Date signed: 5-21-40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

05372

Reg. Dist. No. 10

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 16 yrs. - in., mo. La Plata

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Brice Chapel (Bryantown P.O.) Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: — East

3. (a) FULL NAME: Morgan Henry Ford

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

B (b) Name of husband or wife: Essie Viola Ford

6(c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): March 27, 1877

8. AGE:

Years	Months	Days	If less than one day
63	1	7	____ hrs. ____ min.

9. Birthplace: La Plata, Charles, Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: own farm

FATHER — 12. Name: William Ford

FATHER — 13. Birthplace: Charles County, Md.

MOTHER — 14. Maiden name: Margaret Farnell

MOTHER — 15. Birthplace: Charles County, Md.

16. Informant: Essie Ford (wife)

Address: Bryantown (PO), Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 7 1940 (month) (day) (year)

Cemetery or crematory: Brices Cemetery

Location: East

18. Funeral director: Hewitt and Ryon

Address: Waldorf Md

19. May 5th 1940 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 4, 1940, at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~on~~ May 4 1940, to ~~1940~~, and that I last ~~saw~~ was alive on May 4 1940.

Immediate cause of death	DURATION
Coronary occlusion	Seconds
Due to: Coronary artery disease	3 weeks (Symptoms)
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: James L. MacKenzie, M.D., Deputy Med. Examiner M. D. or other

Address: La Plata, Md. Date signed: 5-4-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-L)

CERTIFICATE OF DEATH

05373

Reg. Dist. No. 10 b

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Indian Head Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Hawkins

3. (b) Social Security Number None

4. Sex: F
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: George Hawkins (deceased)
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Feb. 17. 1871
8. AGE: Years: 69 Months: 2 Days: 25 If less than one day: hrs. min.
9. Birthplace: Pomonkey, Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own Home
FATHER 12. Name: Israel Henson
13. Birthplace: Pomonkey, Md
MOTHER 14. Maiden name: Edmonia Mack
15. Birthplace: Pomonkey, Md.
16. Informant: Joseph Hawkins
Address: Indian Head. Md.
17. ~~M. E. Church~~ Burial (Burial, cremation, or removal. Which?) Date thereof: May 15. 1940 (month) (day) (year)
Cemetery or crematory: M. E. Church Cemetery
Location: Pomonkey Md.
18. Funeral director: Pomy & Cofer
Address: Mason Springs, Md.
19. May 13 1940 (Date rec'd by registrar) Odey Prices Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 12 1940, at 5P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1938, to May 12 1940, and that I last saw her alive on May 3 1940

	DURATION
Immediate cause of death: Hypertensive Heart Disease	5 years
Due to: Arteriosclerosis	5 years
Due to: Chronic Nephritis	5 years
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE: Franklin Swann M. D.
M. D. or other
Address: Indian Head. Md. Date signed: 5/13/40

RECEIVED
JUN 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

05374

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:

County Charles.

City or town Indian Head, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Hoffman.

3. (b) Social Security Number

4. Sex —

5. Color or race W

6. (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Indian Head Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Geo. Hoffman
13. Birthplace Virginia.

MOTHER
14. Maiden name Anna Smith
15. Birthplace Virginia.

16. Informant Geo. Hoffman
Address Indian Head Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof May 23 1940
(month) (day) (year)

Cemetery or crematory

Location Indian Head.

18. Funeral director Geo. Hoffman
Address Indian Head Md.

19. May 23 1940 Idey Price
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,
and that I last saw h alive on 19.

Immediate cause of death Stillbirth

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo. C. Bicknell Mtr
M. D. or other

Address Marlboro Md Date signed May 23 40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (75-C)

05375

CERTIFICATE OF DEATH

Reg. Dist. No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: Rural near Hughesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 9 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles ~~108~~

City or town: Rural near Hughesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Helen Locks

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: Negro

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lucius Locks

6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): October, 1888

8. AGE: Years: 51 Months: 7 Days: ? If less than one day: hrs. min.

9. Birthplace: Woodville, Pr. Geo. Co., Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own home

FATHER 12. Name: Abraham Magruder

FATHER 13. Birthplace: Pr. Geo. Co., Md

MOTHER 14. Maiden name: Helen Dorsey,

MOTHER 15. Birthplace: Pr. Geo. Co, Md

16. Informant: Lucius Locks (Husband)

Address: Hughesville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-30-40 (month) (day) (year)

Cemetery or crematory: John Wesley

Location: Aquasco, Md.

18. Funeral director: Elmer M. Quade,

Address: Hughesville Md

19. May 30 1940 (Date rec'd by registrar) Eva Chappelear Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 26 1940, at 7 ~~A~~ P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on May 26 1940 ~~to~~ ~~19~~, and that I last ~~saw her~~ ~~saw him~~ alive on May 26 1940.

Immediate cause of death: Sudden death — presumably due to Heart disease — DURATION: Seconds

Due to: Essential hypertension (First discovered ? Fall of 1939)

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James L. MacKall M.D. Dep. Med. Examiner
M. D. or other

Address: La Plata, Md. Date signed 5-27-40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1512)

CERTIFICATE OF DEATH

05376

Reg. Dist. No. 102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Charles
City or town: Trinidad
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 60 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Trinidad Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Joseph Montgomery
3. (b) Social Security Number: —

4. Sex: M
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Susie G. Montgomery
6(c) If alive, give age: 69 years
7. Birth date of deceased (mo., day, yr.): Sept. 17, 1873
8. AGE: Years: 66 Months: 8 Days: 4 If less than one day: hrs. min.
9. Birthplace: Charles County, Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Own Farm
FATHER 12. Name: Joseph Montgomery
13. Birthplace: Not known
MOTHER 14. Maiden name: Not known
15. Birthplace: "
16. Informant: Ella Tarr (daughter)
Address: 1622 West Lafayette Ave. Balt. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 25, 1940 (month) (day) (year)
Cemetery or crematory: Mt. Hope Cemetery
Location: Trinidad Md
18. Funeral director: John T. Stewart
Address: 30 4½ St. N.E. Wash. D.C.
19. May 22 1940 (Date rec'd by registrar) Adah V. Thompson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 21 1940, at 10:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1938, to May 21 1940, and that I last saw him alive on May 21 1940.

	DURATION
Immediate cause of death: Chronic Myocarditis	2 years
Due to: Hypertension	10 years
Due to: Chronic Nephritis	10 years
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Frank G. Susan M.D.
M. D. or other
Address: Indian Head, Md. Date signed: 5/22/40

RECEIVED
MAY 31 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Md-a)

05377

CERTIFICATE OF DEATH

Reg. Dist. No. 101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Charles
City or town Welcome
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Paul Reginald Montgomery

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1939.

8. AGE: Years | Months 7 | Days 2 | If less than one day hrs. min.

9. Birthplace Welcome Maryland.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Benedict C. Montgomery

FATHER 13. Birthplace Woodville Md.

MOTHER 14. Maiden name Margaret V. R. Dixon

MOTHER 15. Birthplace Mechanicsville, Md.

16. Informant B. C. Montgomery,

Address Welcome Md.

17. Burial Date thereof May 2 1940.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Mary's

Location Bryantown Md.

18. Funeral director Hunt & Ryan,

Address Waldorf Md

19. May 1 1940 Mary Smallwood Reg
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940, to 19, and that I last saw h alive on May 1, 1940. 19

Immediate cause of death	DURATION
Cerebral Concussion	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accidental Date of Apr 28 40
Where did injury occur? Welcome (City or town) Charles (County) Md (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Fell out of carriage Injured at work? No

23. SIGNATURE Geo. C. Bickmell M.D.
M. D. or other

Address Marlboro Md Date signed May 1, 1940

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

05378

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: Rural near Port Tobacco

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural near Port Tobacco Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Robert Edward Lee Morgan

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Lillian C. Morgan

6(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Sept. 12, 1864

8. AGE:

Years	Months	Days	If less than one day
75	7	22	____ hrs. ____ min.

9. Birthplace: Sandy Hook, Harford, Md. (town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: own home

FATHER

12. Name: Hillen Morgan

13. Birthplace: Sandy Hook, Md.

MOTHER

14. Maiden name: Martha Morgan (cousin)

15. Birthplace: Harford County, Md.

16. Informant: [redacted] John C. Morgan (Son)

Address: Port Tobacco, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/6/40 (month) (day) (year)

Cemetery or crematory: St. Ignatius

Location: Chapel point

18. Funeral director: Hunter & Ryon

Address: Waldorf Md.

19. May 4 1940 (Date rec'd by registrar) M. D. Hayden Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 4, 1940, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ? 1936, to May 4 1940, and that I last saw him alive on May 3, 1940.

Immediate cause of death	DURATION
Uremic coma	3 days
Due to Renal arteriosclerosis and arteriosclerosis	16 months
Due to Generalized arteriosclerosis	4-5 yrs.
Other conditions Hypertensive heart disease with congestive heart failure (controlled)	10-12 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: James L. MacKenzie, M.D. (M. D. or other)

Address: La Plata, Md. Date signed 5-4-40

RECEIVED
JUL 6 1940
BUREAU V. S.

05379

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Charles

City or town La Plata

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Physicians Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Charles

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. South

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Norris (Stillborn)

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Stillborn | Months | Days | If less than one day hrs. min.

9. Birthplace La Plata Phy Mem Hospital (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Stephen Nicholas Norris

13. Birthplace Rock Point Md

MOTHER

14. Maiden name Margaret Jenkins

15. Birthplace Newberg

16. Informant Stephen Nicholas Norris

Address Newberg

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 22 1940 (month) (day) (year)

Cemetery or crematory Cemetery Holy Ghost

Location South

18. Funeral director Huntt and Ryon

Address Waldorf Md

19. May 22 1940 (Date rec'd by registrar) Lillian V Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death

Due to Stillborn

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE [signature] M. D. or other

Address La Plata Md Date signed 5-21-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131b)

05380

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH: Charles
County
City or town Chicamuxen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Charles
City or town Ripley Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Jennie Elizabeth Proctor
3. (b) Social Security Number

4. Sex F
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Richard E. Proctor
6(c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) August 12, 1889

8. AGE: Years 50 Months 9 ~~8~~ Days 3 If less than one day ___ hrs. ___ min.

9. Birthplace Pisgah, Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER 12. Name James Simmons
13. Birthplace Ironsides Md
MOTHER 14. Maiden name Rosa Linkins
15. Birthplace Charles County, Md.
16. Informant Edna Proctor
Address Waldorf. Md.
17. Burial Date thereof 5-18-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Ignatius Catholic Church.
Location Hilltop, Md.
18. Funeral director Penny & Cofer
Address Mason Springs, Md.
19. May 16 1940 Mary Sweetland Lic. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940, at 4:20 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 12 1940, to May 15 1940, and that I last saw her alive on May 14 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION April 1940
Due to Hypertension — 3 years
Due to Chronic Nephritis — 3 years
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank G. Susan M. D.
M. D. or other
Address Indian Head, Md Date signed 5-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

05381

Reg. Dist. No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Charles

City or town M. Port Tobacco

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Charles

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Rural Mail

3. (a) FULL NAME (Stillborn) Louis Amelia Queen

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
Stillborn			hrs. min.

9. Birthplace Port Tobacco Md

(Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER 12. Name Francis Joseph Miles

13. Birthplace Chas. Co Md

MOTHER 14. Maiden name Frances Eloise Queen

15. Birthplace Chas. Co Md

16. Informant Frances Eloise Queen

Address Port Tobacco Md

17. Burial Date thereof May 20 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory On farm M. Port Tobacco

Location Near

18. Funeral director James Queen, acting

Address Port Tobacco Md

19. May 20 1940 Lillian Posey

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940, at 5.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19, to 19,

and that I last saw h alive on 19.

Immediate cause of death	DURATION
(Stillborn)	
Due to Premature Macerated	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James L. MacKaranagh

M. D. or other

Address La Plata Md Date signed 5-20-40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

05382

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Charles

City or town La Plata

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Physicians Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Charles George

City or town Brandywine Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Boy Settle

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1940

8. AGE: Years | Months | Days | If less than one day hrs. 40 min.

9. Birthplace La Plata, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Russell Settle

FATHER 13. Birthplace Culpeper, Va

MOTHER 14. Maiden name Gladys . Brown

MOTHER 15. Birthplace Culpeper, Va.

16. Informant Gladys Settle

Address Brandy wine , Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 28 1940 (month) (day) (year)

Cemetery or crematory Oak Shade

Location Culpeppers Co Virginia

18. Funeral director Russell Settle Father

Address Brandywine Md

19. May 27 1940 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at 5 00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Prematurity	
Due to Hydramnios + twin pregnancy	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James L. MacKavanagh, M.D.
M. D. or other

Address La Plata, Md. Date signed 5-26-40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05383

(184)

CERTIFICATE OF DEATH

Reg. Dist. No. 101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: Mason Springs
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Mason Springs Ward No.
(If outside city or town limits write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James William Thompson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 3, 1925

8. AGE: Years	Months	Days	If less than one day
15	0	26	hrs. min.

9. Birthplace: Mason Springs, Charles, Md.
(Town, county, and state)

10. Usual occupation: Light work (farm)

11. Industry or business: Odd jobs on farms

FATHER
12. Name: George Somerset Thompson
13. Birthplace: Port Tobacco, Md.

MOTHER
14. Maiden name: Marguerite Swann
15. Birthplace: Bel Alton, Md.

16. Informant: Marguerite Thompson (mother)
Address: Mason Springs, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-31-40 (month) (day) (year)

Cemetery or crematory: St Charles Memorial Md

Location: Glymont Md

18. Funeral director: Penny & Cofer

Address: Mason Springs 2nd

19. May 29 1940 (Date rec'd by registrar) Mary Southerland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 29 1940, at 1200 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 29 1940 to 19 and that I last saw him alive on May 29 1940.

Immediate cause of death: Hemorrhage — DURATION: 1-2'

Due to: Accidental gunshot wound of abdomen — 2-3'

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 5-29-40

Where did injury occur? Mason Springs (City or town) Chas. (County) Md. (State)

Injured at home, farm, industry, public place (where?): At home

Means of injury: Shotgun Injured at work? No

23. SIGNATURE: James L. MacKenzie, M.D. Dep. Med. Examiner
M. D. or other

Address: La Plata, Md Date signed 5-29-40

RECEIVED
JUN 12 1940
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05384

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Chas. Registration Dist. No. 108

Village or City Near Hughesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred V yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Dolson

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fe	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 18, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	-			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month end year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Near Hughesville
(State or country) Chas Co, Md

FATHER

13. NAME Rudolph J. Dolson

14. BIRTHPLACE (city or town) Chas. Co
(State or country) Md.

MOTHER

15. MAIDEN NAME Jeanette McPherson

16. BIRTHPLACE (city or town) Chas. Co
(State or country) Md

17. INFORMANT Rudolph J. Dolson
(Address) Hughesville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place at Home Date May 18, 1940

19. UNDERTAKER Rudolph Dolson
(Address) Hughesville

20. FILED May 18, 1940 Eva L. Chappelear
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 18 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1940, to May 18, 1940

I last saw her alive on May 18, 1940; death is said to have occurred on the date stated above, at 6 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Still born	

Other **Contributory Causes** of importence:
unknown as report of Sidney Estep (midwife)

Name of operation Date of

What test confirmed diegnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eva L. Chappelear (Sub-Reg.)

(Address) Hughesville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (185)

CERTIFICATE OF DEATH

05385

Reg. Dist. No. 106

1. PLACE OF DEATH:

County Charles

City or town U.S. Naval Powder Factory, Indian Head, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Boat in Potomac River

Stay in hospital or Inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Unknown County Unknown

City or town Unknown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Unknown

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Prob. female	Prob. negro	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
Unknown — prob.			less than one month hrs. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name

15. Birthplace Unknown

16. Informant Self

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Zion Wesley

Location Waldorf Md

18. Funeral director Hunter & Ryon

Address Waldorf Md

19. May 17 1940 Odey Price
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5—12, 1940, at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on May 14 1940, ~~to~~ 19—, and that I ~~last~~ saw ~~him~~ her ~~alive~~ on May 14 1940

Immediate cause of death	probably Unknown — either stillbirth or drowning	DURATION
Due to	(Found partial remains washed up on shore)	
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ? Date of ?

Where did injury occur? ? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ?

Means of injury ? Injured at work? No

23. SIGNATURE James L. MacKaracy, M.D., Dep. Med. Examiner (M. D. or other)

Address La Plata, Md. Date signed 5-14-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 4 1940
BUREAU V. S.